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REISSUE PATENT APPLICATION TRANSMITTAL

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07/15/03

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

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Attorney Docket No.	20000018.REI
First Named Inventor	Claude Tihon
Original Patent Number	6,311,689
Original Patent Issue Date (Month/Day/Year)	Nov. 6, 2001
Express Mail Label No.	EV243871549US

APPLICATION FOR REISSUE OF:
(Check applicable box)

Utility Patent

Design Patent

Plant Patent

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

1. Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status. See 37 CFR 1.27.
3. Specification and Claims in double column copy of patent format (*amended, if appropriate*)
4. Drawing(s) (*proposed amendments, if appropriate*)
5. Reissue Oath/Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Power of Attorney
7. Original U.S. Patent currently assigned? Yes No
(If Yes, check applicable box(es))
 Written Consent of all Assignees (PTO/SB/53)
 37 C.F.R. § 3.73(b) Statement
(PTO/SB/96)
8. CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table
9. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all of the following are necessary)
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
i. CD-ROM (2 copies) or CD-R (2 copies); or
ii. paper
 - c. Statements verifying identity of above copies

10. Statement of status and support for all changes to the claims. See 37 CFR 1.173 (c).
11. Original U.S. Patent for surrender
 Ribboned Original Patent Grant
 Statement of Loss (PTO/SB/55)
12. Foreign Priority Claim (35 U.S.C. 119)
(if applicable)
13. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
14. English Translation of Reissue Oath/Declaration
(if applicable)
15. Preliminary Amendment
16. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
17. Other: Check

18. CORRESPONDENCE ADDRESS

Customer Number or Bar Code Label

23595

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Registration No. (Attorney/Agent)

19,283

Signature

Date

July 15, 2003

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Reissue, Washington, DC 20231.

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REISSUE APPLICATION FEE TRANSMITTAL FORMDocket Number (Optional)
20000018.REI**Claims as Filed – Part 1**

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity	
				Rate	Fee	Rate	Fee
(A) 14	Total Claims (37 CFR 1.16(j))	(B) 14	**** 0 =	x \$ ____ =	0	or	x \$ ____ =
(C) 2	Independent claims (37 CFR 1.16(i))	(D) 2	* 0 =	x \$ ____ =	0		x \$ ____ =
			Basic Fee (37 CFR 1.16(h))		\$ 375.	\$ _____	
			Total Filing Fee		\$ 375.	OR \$ _____	

Claims as Amended – Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 14	MINUS	** 20	* =	x \$ ____ =	0	x \$ ____ =	
Independent Claims (37 CFR 1.16(i))	*** 2	MINUS	***** 2	=	x \$ ____ =	0		
				Total Additional Fee		\$ 0	OR \$ _____	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

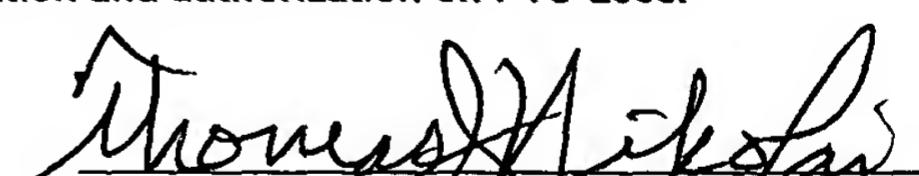
 Applicant claims small entity status. See 37 CFR 1.27. Please charge Deposit Account No. _____ in the amount of _____.
A duplicate copy of this sheet is enclosed. The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 08-1265.
A duplicate copy of this sheet is enclosed. A check in the amount of \$ 375.00 to cover the filing/additional fee is enclosed. Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

July 15, 2003.

Date

19,283

Registration Number, if applicable



Signature of Applicant, Attorney or Agent of Record

Thomas J. Nikolai

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

STATEMENT PURSUANT TO 37 CFR 1.173(c)

Applicant/Patent Owner: ContiCare Medical, Inc.

Original Patent No. 6,311,689

Original Issue Date: November 6, 2001

Title: Female Incontinence Prevention Device

MAIL STOP REISSUE

Assistant Commissioner for Patents

P.O. Box 1450

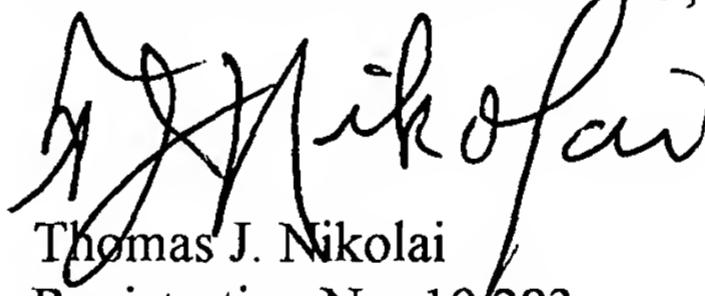
Alexandria, VA 22313-1450

Sir:

Claims 1 through 14 of U.S. Patent 6,311,689 remain pending in this reissue application. Independent claims 1 and 12 have been amended to substitute the word "lateral" for the word "perpendicular". Support for these changes is found at column 4, lines 5-7 of the specification and in Figures 1 and 2 of the drawings.

Respectfully submitted,

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